

ARKANSAS DEPARTMENT OF LABOR
10421 West Markham
Little Rock, Arkansas 72205

WAGE CLAIM

CLAIMANT:

Mr.
Mrs.
1. Full Name: Miss _____
Ms. _____

2. Address _____
number & street apt. no. city state zip code

3. Social Security No. _____ 4. Phone #: Res _____ Bus _____

5. Nearest relative not living with you _____
name phone
address

EMPLOYER WHOM YOU WISH TO FILE CLAIM AGAINST:

6. Employer or Business Name: _____

7. Address: _____
Street/Route City State Zip Code

8. Mailing Address: _____
Street/Route City State Zip Code

9. Owner of Business: _____

10. Telephone Number: _____ 11. Type of Business _____

12. Is employer still in business? _____
If not, list employer's complete home address: _____

WAGES DUE:

13. Please check: Wages _____ Vacation _____ Bonus _____ Commission _____ Severance _____
Sick Pay _____ Holiday _____ Other (explain) _____

14. List the dates for work performed, or other item(s) checked on Line 13 above:
_____ to _____
(mo/da/yr) (mo/da/yr)

15. No. Hrs. _____ days _____ wks. _____ mos. _____ 16. Rate of pay _____ per _____

17. Amount Earned for period in 14 above \$ _____

18. Amount Received \$ _____

19. Amount Still Due.....\$ _____

21. Remarks: _____

22. Who hired you? _____ Date hired: _____ Date left: _____

24. Supervisor's name: _____ 25. Still employed? _____

26. If not, did you quit? _____ Were you discharged or laid off? _____

27. Reason for quitting, discharge or layoff: _____

28. Have you asked for your wages? _____ Whom did you ask? _____

29. When did you ask? _____ What reason was given? _____

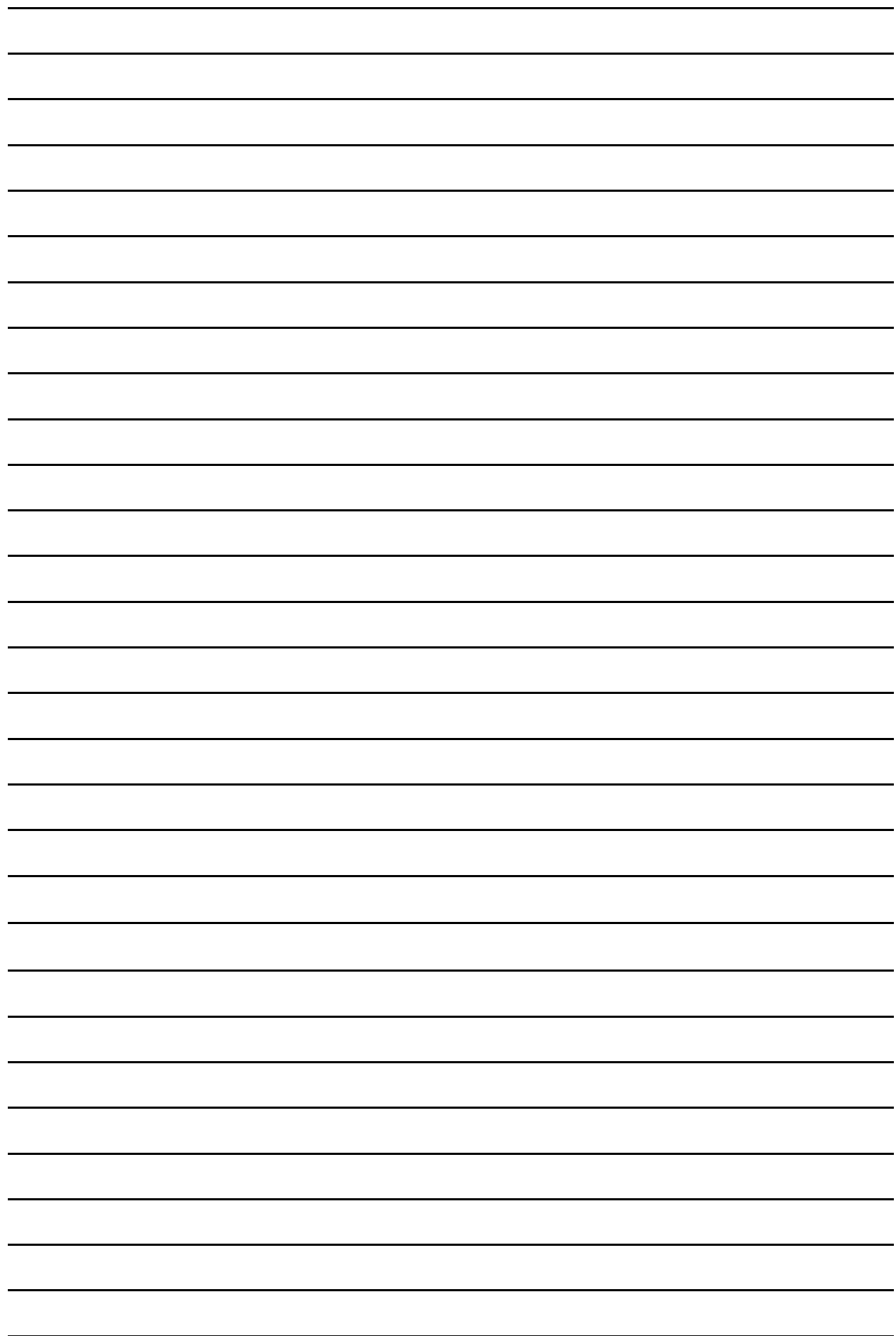
30. Is there a union? _____ Name of union _____

31. Have you filed a grievance with your union? _____

32. Are you presently employed? _____ 33. Total income earned past 12 months \$ _____

34. Do you have any documents to support your claim; such as receipts, time records, pay stubs, statements, written agreement, written company policy or employee handbook? If so, please attach. Any witnesses to support your claim? If yes, provide name, address, and telephone number.

[illegible]



Claim No.	Disposition	Date
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